

THE NON-PROFESSIONALLY AFFILIATED (NPA) WORKER AS CO-PRODUCER OF PUBLIC SERVICES: HOW IS THE ROLE EXPERIENCED IN UK MENTAL HEALTH SERVICES?

1 INTRODUCTION

Over the last two decades UK public services have undergone an intensive period of workforce restructuring, in response to the challenges posed by budget cuts, staff shortages, increasing service demand and rising costs of care. Policy changes initiated under the ‘modernisation’ agenda of the New Labour governments of 1997-2010, and continued under successive governments, have triggered widespread reform across sectors including health, social care, education and the police force (Bach and Kessler, 2012; Department of Health, 2000; International Council of Nurses, 2004; McKenna et al., 2007; World Health Organisation, 2010).

The introduction and expansion of non-professionally affiliated (NPA) roles has proved crucial to public service redesign (Davies, 2003; Nancarrow, 2004; Nancarrow and Borthwick, 2005). The accompanying policy discussion highlights the opportunity these roles provide to make better use of professionally qualified workers, while at the same time addressing staff shortages and aiding the ‘drive for better value’ (Department of Health, 2007: 82). These formerly ‘invisible workers’ (Thornley, 1997) have been raised to a new position of academic, policy and public interest.

The subject of this paper is a particular type of NPA worker, one whose work is not intended directly to ‘assist’ or ‘support’ the work of their professional colleagues, but who operates in parallel with existing professional roles, most often with a client or service user group as their main focus. Following Kessler et al. (2007), we call this type of worker a ‘co-producer’. There are a number of reasons why we have these workers as our focus.

First, in picking up on Kessler's and others' work in this area, we find that the co-producer is the most underdeveloped of the basic types of NPA worker that they identify. Second, this relative neglect is despite the co-producer role being a major concern of government policy, which has resulted in significant growth in their numbers. Third, the nature of the role means that there are number of important issues around the work relationship between NPA workers and their professional colleagues. Fourth, the client-facing nature of the role also means that NPA co-producers can be seen as being part of the more general category of front-line service workers, a group of great interest in current debates in the study of work and employment.

It is against this background that we consider three main research questions. First, using Kessler et al.'s work as an initial framework, how do the NPA workers experience their role as co-producers? In particular, how in practice do they experience their relationships with professional and other colleagues? Second, what contextual factors might be important in understanding how the co-production role is experienced? And third, how might study of these workers contribute to the development of understanding of front-line service work?

Drawing on an interview-based study of NPA workers in UK mental health services, this paper is structured as follows. Following this introduction, the paper examines the conceptual background against which our empirical findings need to be considered. The methods and the setting used in the empirical research are then set out. In the fourth section of the paper, the findings, the NPA workers are shown to be experiencing a certain degree of separation from their co-workers. The study also reveals, however, the development of important points of contact with other groups of workers. The contextual factors that appear to shape the form taken by the co-producer role are also identified. In the paper's final section, the wider implications of this analysis are examined.

2 CONCEPTUAL BACKGROUND

2.1 NPA workers and the sociology of the professions

In order to provide the conceptual background for this paper's first research question—how do the non-professionally affiliated (NPA) workers experience their role as co-producers and, in particular, how in practice do they experience their relationships with professional and other colleagues?—we start by considering how discussion of the NPA workforce emerged initially within the sociology of the professions. Abbott's (1988) *The System of Professions* placed particular emphasis on how occupational groups interact and compete with each other to strengthen their scope of practice—or 'jurisdiction'—in order to protect and, if possible, enhance their position within the occupational hierarchy. Abbott (1988) suggested that NPA roles are created by the professions as a form of boundary work, to help defend professional jurisdiction. Later termed a 'vertical substitution strategy' by Nancarrow and Borthwick (2005), the creation of subordinate groups is seen as providing an opportunity to offload undesirable or low status tasks (Currie et al., 2009; Hugman, 1991; Nancarrow and Borthwick, 2005; Sanders and Harrison, 2008). Through this lens, the non-professionally affiliated worker is conceptualised as 'a bit player in the professional project' (Kessler et al., 2006: 670).

While holding clear advantages for professional practice, the development of subordinate groups also carries with it the risk of NPA encroachment on professional boundaries, as service providers are given an opportunity to replace expensive practitioners with lower cost workers (Francis and Humphreys, 1999; Nancarrow and Borthwick, 2005). The threat to professional practice has appeared to be increasing, as government-driven workforce reforms seemed to force the professions to give away not menial or unwanted tasks, but core, desirable aspects of their remit. As Nancarrow and Borthwick (2005) pointed out in the healthcare context, 'This is the first time in the history of the current professions

that the state has explicitly supported non-medical practitioners to encroach on traditionally medical roles' (2005: 913).

The professional-NPA relationship has thus increasingly been depicted as one characterised by conflict (Spilsbury and Meyer, 2004; Warne and McAndrew, 2004). To take a very prominent example, registered nurses have been shown to undervalue, underestimate and feel threatened by the role of healthcare assistants (Baldwin et al., 2003; Daykin and Clarke, 2000; Jervis, 2002). Elsewhere, a tense but co-dependent relationship has been identified, where NPA exploitation and 'hidden work', though common, is not acknowledged at an official policy or management level (Spilsbury and Meyer, 2004). In the field of education, Warhurst et al. (2014) examined concerns that teaching assistants were substituting for teachers rather than assisting them. In the absence of clear policy guidance (see Gilbert et al., 2011), Warhurst et al. found evidence of what they called 'role stretch': 'some classroom assistants' roles,' they argued (2014: 182), 'are being stretched so far that they are blurring into teaching'.

2.2 The NPA worker as co-producer

One body of research that has sought to develop our understanding of the NPA role is the work led by Kessler and Bach in the education, health and social care sectors (Bach et al., 2007, 2008; Kessler et al. 2006, 2007; see also Bach and Kessler, 2012; Kessler et al., 2013). Four basic types of NPA worker were identified: relief, substitute, co-producer and apprentice (Kessler et al., 2007), and the basic features of each of these are set out in Table 1. Kessler et al. (2007) argued that existing literature had focused not on the NPA workers themselves but on the nature of their relationship with their professional colleagues. This meant that discussion had been dominated by the idea of NPA workers as either relief or

substitute. Even the apprentice role, wherein the work of the NPA is seen as preparation for eventual elevation, can be seen primarily in terms of how it relates to professional work.

TABLE 1 about here

The co-producer role to some degree stands alone in the Kessler et al. classification. Although four roles are identified, the classification does not take the form of a 2x2 matrix in which each role is based on a particular combination of the binary values of two defining variables. In the co-producer case, the work of the NPA has not previously been done by the professional (either reluctantly or enthusiastically); it is now carried out alongside or in parallel to the work of the professional; it can involve a significant degree of independence or autonomy; and it is the client or service user, not the professional worker, who provides the main point of reference, with these duties often being discharged on a self-directed, one-to-one basis.

The relative neglect of the co-producer role may thus be in part the result of the difficulties encountered in locating it in relation to the more familiar ‘assistant’ roles such as relief or substitute. This neglect is all the more surprising given the importance of the co-producer role in government policy for the restructuring of work in the public sector. This is stressed in Bach and Kessler’s (2012: 106; see also Kessler et al., 2007) own overview of developments in this area:

As striking as the emphasis placed on support and other recast roles was the emergence of genuinely novel roles in the public services, roles which had not previously existed on any scale.

A single one of these kind of roles, say Bach and Kessler (2012: 106) could account for as many as 3,000 workers. More generally, the same developments can be seen in the proposed regulation and increased accountability of support workers in health and social care (see Griffiths and Robinson, 2010), and, in many community-based services, in the development of new, user-focused NPA roles that are not attached to any particular profession. Manthorpe et al.'s (2010) review of studies of support workers in the area of social care also illustrates the growing importance of this kind of work. Associated with trends such as the greater 'personalisation' of care, Manthorpe et al. show how for many NPA workers the prime concern is the encouragement of independence amongst service users. The term 'support worker' is not a new one, but increasingly, argue Manthorpe et al. (2010: 317), the 'support' provided is not to professional colleagues but to service users.

It is against this background that Kessler et al. (2007: 1652) consider the role of co-producer, describing it as '[m]ore intriguing' than the apprentice role, and arguing that it has received 'scant' attention from researchers. They recognise the client-facing nature of the role, and also the fact of a tradition in the public services of roles of this nature. At the same time, the term 'assistant' is retained, Kessler et al. (2007: 1652) arguing that the autonomy the co-producer is able to exercise 'begs the question about exactly whom the post holder is assisting.'

Kessler et al.'s own work, however, does very little to make up for the previous scant attention that the co-producer role has received. The co-producer role is found to exist in education, and here exists alongside, if not secondary to, the role of assistant as professional

relief (see Table 1). Thus while assistants in the social work sector undertook an evenly distributed range of tasks (including such areas as administration and service support), those in education (the teaching assistants) were focused significantly more on direct support for both clients and professional colleagues (Kessler et al., 2007: 1656).

Where Kessler et al. (2007) do try and cast some light on the co-producer role is in identifying the contextual factors that might be important in its shaping—and this brings us to the second of the current paper’s research questions. We focus here on the part played by the nature of the work being undertaken by the various public services being studied. Work in the social care sector was characterised by Kessler et al. as follows:

a series of related but discrete tasks carried out at different times, at a variety of sites, invariably by a team of workers and involving a wide range of participants (Kessler et al., 2007: 1660).

This pooled team responsibility, it was argued (Kessler et al., 2007: 1661), ‘encouraged the use of the assistant as apprentice or substitute’, although little is done directly to explain why this should be the case. If anything, we might expect team responsibility of this nature to be conducive to the work of a co-producer. Looked at in terms of the type of interdependence experienced between the work of individual team members, ‘pooled’ interdependence would apply where team members worked in parallel to each other, with little or no direct contact being involved (Procter and Currie, 2004)—a form of work entirely consistent with the notion of the NPA worker as co-producer.

In education, on the other hand, the sector in which the co-producer role was found, the nature of the individual professional’s responsibility, it is argued (Kessler et al., 2007: 1661), ‘places the assistant much more at the direct service of the teacher and class pupils as a relief or co-producer’. Again, quite why the assistant should emerge as a co-producer in these circumstances is not made very clear, and there is an apparent inconsistency between the

direct relationship described and the idea of the co-producer working largely in parallel to their professional colleagues.

2.3 The NPA worker as front-line service worker

While the concepts provided by the sociology of professions have proved useful in providing an initial framework within which ‘assistant’ roles could be considered, the work led by Bach and Kessler has also sought to locate itself within broader issues of work and employment. Bach et al. (2007), for example, have used labour process analysis to provide a structure within which assistants and professionals could be said to have experienced either empowerment or degradation. More recently, Kessler et al. (2013) have used Marsden’s (1999) framework to try to explain how tasks are allocated between nurses and healthcare assistants. The application of this framework to specific areas of work (rather than types of task-allocation regulation) might be welcome, but it still is merely a different way of looking at how a given range of tasks might be distributed. Its application to a situation of co-production, where an NPA worker is expected to perform new tasks alongside a professional, might therefore be considered to be of limited value.

Looked at from this perspective, there is much greater potential in the approach developed by Belanger and Edwards (2013) in an attempt to put front-line service work (FLSW) into what they see as its proper context—and this provides the basis for the third main question addressed by the present paper. Belanger and Edwards recognise that for those employed in services—especially those in client-facing, front-line roles—the direct relationship with the client will assume increasing importance. Belanger and Edwards’ fear, however, is that, following the studies of Leidner (1993) and others, the attention paid to this aspect of work has the effect of significantly diminishing that paid to the workers’ basic and defining relationship with their employer. The danger then is not just of employees’

relationships with clients being considered *in addition* to their relationship with their employers, but of these employee-client relationships being looked at *instead of*, and thus displacing, consideration of the employment relationship.

Belanger and Edwards look at these issues in terms of the insights offered by Burawoy (1979), who referred to the way in which the labour process simultaneously secured and obscured surplus value. In the case of FLSW, there is less obscuring: ‘Both exchange and use value are more revealed than in manufacturing’ (Belanger and Edwards, 2013: 440). In particular, argue Belanger and Edwards, (2013: 441), ‘The fact of doing something useful for [the] individual customer or service recipient ... is made open and use value is revealed’. The danger, they claim, is of customers or clients coming to be seen as producers alongside employees, and of the employment relationship being largely or totally disregarded. On the basis of this analysis, Belanger and Edwards develop a 2x2 classification device for workplace regimes. On one axis we have the degree of engagement in the generation of use value; on the other, the degree to which the production of exchange value is rationalised. For an analysis of the NPA worker as co-producer, the key cell is where the engagement is high but the rationalisation low: the example Belanger and Edwards give is actually of personal care work, where, in line with the nature of the NPAs’ work, ‘the employer is absent from the delivery of the service and service delivery targets are loosely defined’ (Belanger and Edwards, 2013: 442).

The Belanger and Edwards framework is used by Clark and Thompson (2015) in their study of healthcare assistants (HCAs) (see also Clark, 2014). Clark and Thompson focus on the seemingly perennial struggle between HCAs and nurses, showing how, in the absence of clear policy guidelines, it is the nurses, the more powerful group, who tend to prevail. Faced with increasing workloads, it is argued, the HCA response is to reduce the level of direct patient care. Looked at in terms of the Belanger and Edwards framework, the picture is a

complex one. Belanger and Edwards (2013: 441) refer to a ‘tendency’, inherent in capitalism, towards greater rationalisation in the production of exchange value, and, at first sight, this seems to be borne out in national government policies for the ‘modernisation’ of the National Health Service (NHS). For Clark and Thompson, however, these overall policies provided no real structure, and it is at the local level (even the individual ward level) that nurses are able to extend their control. In terms of Belanger and Edwards’ framework, the HCAs’ reaction to this—the reduction in care provided direct to patients--can be seen as a reduction in the degree of engagement in use value generation. It thus appears that while the HCAs do have some capacity for resistance, this can only be exercised at their own expense by diminishing those parts of the job from which they derive most satisfaction. A systematic tendency towards greater rationalisation, however, seems to play little part in all this.

3 RESEARCH SETTING AND METHODS

The study whose findings are reported here took place against the background of largescale change in the mental health workforce. Concerns around poor retention, burnout and excessive caseloads for psychiatrists triggered a programme of service redesign, *New Ways of Working in Mental Health* (Kennedy and Griffiths, 2001; Department of Health, 2005a, 2007), described explicitly as a ‘distributed responsibility model’ (Department of Health, 2007: 14). At the same time, a number of completely new roles were introduced, the majority of them adding to the expanding NPA workforce. Rather than directly assist the existing professional workforce, the roles were introduced to fill perceived service gaps or engage under-represented client groups. The Support, Time and Recovery (STR) worker, for example, was introduced to enhance social inclusion and service user independence (Department of Health, 2003a, 2007).

The findings reported in this paper are drawn from a qualitative exploration of NPA workers employed within UK community mental health services. Workers in six new roles were involved, and descriptions of each of them are set out in Table 2. These roles vary considerably in grade—in National Health Service (NHS) terms, from Band 3 to Band 6—and some might be considered paraprofessional. Some of those in these roles did see a long-term future in community mental health services, but, for the most part, the NPA workers felt that they had, as one put it, ‘nowhere to go’. ‘We come in as a [Band] 3,’ said one STR worker, ‘and that’s it, no matter what I do, no matter what training I do’. Whatever constraints they felt themselves to be working under, their lack of clear affiliation to any pre-existing, traditional mental health profession means that they can be considered as ‘NPA’ for the purposes of this study.

TABLE 2 about here

Research participants were drawn from within the geographical boundaries of one large NHS Mental Health Foundation Trust in the north of England. A purposive sampling strategy was undertaken, the inclusion criterion being employment in any non-professionally affiliated role within community mental health services. Provision in this geographical area is divided between a number of bodies, and participants were drawn from three main service providers. Within these bodies, NPAs worked as part of teams. These were of two basic forms: uni-disciplinary, where the team is made up of a particular type of NPA worker; and multi-disciplinary, where the team is made up of both NPA workers and their professional

colleagues. While nominally a member of a team, each NPA had their own responsibility for the service users referred to them as part of the team's allocation of work.

In all, 37 interviews were undertaken: 32 with NPA workers and 5 with managers. The breakdown of the interviews by role and research site is provided in Table 3, from which it can be seen that Site 2 was the least well represented of the three research sites. Data were collected on the gender, age and aspirations of the NPA workers. Of the 32 interviewed, 21 were females and 11 males. On the basis of their description of their work experience, it was estimated that interviewees varied in age between their mid-twenties and late-fifties, with around half of the NPA workers being towards the upper end of this age-range. Those employed in the lower-paid support roles (eg STRs) were on average older than their counterparts in graduate roles such as Graduate Mental Health Worker (GMHW) and Psychological Wellbeing Practitioner (PWP). Those in the highest-paid roles, Community Development Workers (CDWs) and High Intensity Workers (HIW), tended to fall around the middle of the overall age range. The differences in age distributions between the different roles in some degree reflected differences in background and experience. On the whole, those in 'brief intervention' roles, such the GMHW and the PWP, tended to have higher-level educational qualifications but lower levels of career and life experience than those in other roles.

TABLE 3 about here

The research interviews were semi-structured in nature, being based on a topic guide that covered the following: worker background and future career plans; tasks performed and

any overlap with other workers; position and relationships within the team; and role preparation and supervision. The majority of interviews lasted around one hour, with a range in duration from just over half an hour to over two and a half hours. Audio files were transcribed verbatim and then analysed thematically, both by hand and using the qualitative software package Nvivo. This was done in conjunction with a range of documents collected in the course of the study. These included policy guidance, job descriptions, promotional information and service reports/updates.

Data analysis was based on Ritchie and Spencer's (1994) framework of familiarisation, indexing, development, mapping and interpretation. Familiarisation involved the constant rereading of transcripts and documents in order to get a feel for the data 'as a whole' (Ritchie and Spencer, 1994: 178). This was followed by a coding, by hand, of the first twelve interview transcripts, leading to the construction of an initial framework. Detailed coding of all transcripts was then undertaken using NVivo analysis software. Throughout, an iterative process was followed, involving the constant modification and development of initial thematic framework

4 FINDINGS

4.1 NPAs as co-producers

The first issue to be addressed is what co-production looked like from the point of view of the NPA workers. Regardless of specific job title, their work was predominantly made up of independently performed, client-focused tasks that took place on a one-to-one basis alone with the client. These included a breadth of duties from practical support (assistance with shopping, for example) to the brief psychological therapies provided by GMHWs and PWP. In keeping with policy intentions, referrals were reported to be predominantly directed by

service-user need rather than professional requirements, with the aim to improve an aspect of client experience such as social inclusion.

Thus in a number of interviews, the essentially separate or parallel nature of the NPA role was strongly emphasised. As one STR worker commented, ‘Nothing I do overlaps with anything anybody else does in the team’. In another example, a carer support worker described how, ‘there is no direct [joint] work ... we are doing our bit and they are doing theirs’. For many NPA workers, however, this independence carried a number of serious challenges. For one STR worker this was working ‘literally’ on their own, with formal communication with co-workers limited to weekly or fortnightly team meetings, supervision sessions and the referral process itself. ‘You see people in passing really,’ said a PWP, ‘... generally, you can go weeks without seeing other members of the team’. Another interviewee reflected on the idea of team membership itself: ‘I say “team”, but with me being a graduate worker and those guys being CPNs [Community Psychiatric Nurses] ... I don’t know, team is [in] a very, very loose sense, you know. Basically I’m a lone worker...’.

The autonomous, distinct scope of practice for NPA workers led to high levels of individual responsibility in role-based areas, and in some cases this extended to the development of the role itself. This was put down to the inadequacy of national policy guidance or a lack of preparation at an organisational level. ‘It has been left to... individual people really to make it up themselves,’ said one CDW. This was echoed by a graduate mental health worker: ‘I had to learn a new set of skills in terms of creating a job that wasn’t there’.

NPA workers also described high levels of responsibility in relation to the more inter-personal aspects of their roles, especially those involving the management of risk to themselves and their clients. The majority of interviewees described working regularly with clients who had highly complex needs. The workers were required to manage the issues

surrounding complex client-worker relationship, including potential dependency and boundary maintenance. As a result, some NPA workers described feeling emotionally ‘overloaded’, and reported difficulties maintaining an effective boundary between work and home life.

4.2 NPA co-worker relationships

Despite the autonomous nature of the NPAs’ prescribed role, team relations emerged as a crucial aspect of their working life. Given the high levels of individual responsibility with which they were faced, NPAs relied on their co-workers for informal supervision, guidance and support, and for the maintenance of an effective referral system. How prepared and comfortable workers felt with the levels of responsibility placed upon them was to some degree dependent on the perceived availability of support, yet these structures were highly variable, often informally negotiated and delivered retrospectively rather than through immediate access to professionally qualified colleagues.

The lack of professional affiliation, together with the autonomous nature of co-production, meant that accountability relationships were not always clearly defined. Where formal supervision arrangements were in place, views were mixed about the level to which they addressed the more personal aspects of service delivery, including the complexities involved in developing and maintaining an effective client relationship. Instead, workers relied heavily on informally negotiated interactions as a source of advice and peer support. Some of these took place simply by chance, but NPA workers also reported a variety of steps they took to engineer such contact themselves. These included what one GMHW called ‘hanging around’ the team building, telephoning NPA co-workers for advice, or meeting socially outside of work.

The frequency and success of these informal meetings depended largely on factors such as team co-location and the strength of personal relationships. In cases where these informal structures failed, the resulting isolation had potentially serious implications for NPA worker wellbeing and retention. Instances were referred to of long-term sickness absence, resignation or application for secondment. As described by one GMHW:

If you haven't done it before you don't know your own limitations, you don't know how much you have to put into each one ... there aren't any simple cases ... If you haven't got a very supportive team around you it's very difficult to realise the impact it's having on you.

4.3 Professionals' indirect use of NPA workers

There was a second important form in which workers experienced contact with colleagues. The interview data highlighted numerous instances of NPAs feeling in some sense 'used' by professional colleagues. Rather than the relationship that characterises the relief or substitute roles, however, these instances were characterised by their *indirect* nature. This was seen by the NPA workers as taking three basic forms: monitoring and maintaining clients, waiting-list containment, and the 'dumping' of complex clients.

Regarding the first of these, workers reported instances where they felt that the monitoring of a service user's or client's progress that the professional workers expected of them went beyond what was reasonable. It became, in the words of one worker, a matter of 'spying' in order to verify the authenticity of a client's condition or judge their entitlement to support. One senior STR worker reported:

A service user or client may be telling them certain things, [but] they are not so sure and they bring us in ... We do end up being ... sounds awful saying 'eyes and ears', because it sounds like you're reporting back, and that's not the purpose of the work we do ...

Other workers described how they were expected to provide low-level maintenance work for clients, the intention being to reduce the requirement for professional intervention.

'Sometimes care management will refer people—this might sound a bit strange—for their reasons and not the client's reasons,' said one support worker, '... they are wanting a cheaper way.'

In the second key form of indirect use, waiting-list containment, NPA workers reported having clients referred to them whose needs had already been assessed as too complex for the NPA to deal with. The motivation in these cases was seen as being either, as one PWP expressed it, to 'keep a lid on' clients' problems while they waited for a more highly qualified worker, or as an experiment to see if the client's issues would respond to a lower level intervention before placing them on a professional's waiting list. This could have the effect of rendering the service user unsuitable for the intervention they were being offered, resulting in ineffective interventions and high drop-out rates:

Very often those people are quite complicated and they're quite fragile... we're having to contain their emotions, and that is the strain in the work I would say... I help keep people's hope alive basically, that's what I'm doing, keeping their hope alive for when the therapy comes ... (STR worker)

The third, less common form of indirect use involved the ‘dumping’ of difficult clients with whom the professional worker had allegedly been unable to make progress. It was perceived as a way that the professional worker could, as one GMHW put it, ‘play the system’, in order to have a break from a difficult client.

While participants often expressed sympathy towards the professional pressures underpinning what they saw as inappropriate referrals, this form of informal use could create negative outcomes for a range of stakeholders. For the client, consequences could include decreased motivation, reduced service suitability and engagement, and a subsequent detrimental impact on progress. For the wider team, NPA workers described the increased administrative burden and wasted resources associated with inappropriate referrals. NPA workers could find such cases ‘frustrating’ or even ‘soul-destroying’.

4.4 Individual and contextual shaping factors

It must be conceded that the NPA workers did not all experience their role as co-producer in exactly the same way. There was some degree of variation according to the personal characteristics of the individuals involved. One GMHW, for example, referred to his enthusiasm for the job as his ‘own undoing’:

I had a mentality of, like, ‘I should be dealing with this,’ ... especially when you want to get onto a clinical psychology course the field’s so fiercely competitive that you’re not going to be like, ‘Oh, I can’t handle this.’ You want to get as much experience and put yourself out there as much as possible ...

The personal characteristics of the NPA’s co-workers were also recognised as important.

Another GMHW described her integration into her team:

Everyone's been ... welcoming and open, so if you've got questions or you're not sure, it's been quite an easy team to ask and say, 'Well, actually I'm not quite sure what that means'.

Having described how some professionals were perceived as having a negative view of the role, another GMHW qualified this by pointing to the existence of range of viewpoints: 'I mean, not everybody [is negative]. Some people are really, really positive about us and see us as a really good resource ... '.

As we have seen, notwithstanding these individual, personal variations, it is possible to discern clear patterns in the way in which the NPA workers experienced the co-producer role. In order to help explain these, we turn now to the question of the contextual factors that shaped the form that the role took on. We can identify two of these: the nature of the service and the structure of the team. As regards the first factor, it was noted earlier that the long-term trend has been for mental health services to move out of a residential setting and into the wider community. Workers who nominally are part of the same team might thus have little day-to-day contact with each other. Such an arrangement is quite compatible with the idea of co-production, but this is likely to have made independent working easier to achieve--at the same time, of course, as increasing the risk of independence shading over into isolation. It should be noted too that any impact made by the changing nature of service delivery is likely to have been exacerbated by the fact that some proportion of the population covered by the service was located in rural areas.

A second important contextual factor is the nature of the team structure within which the NPAs work. In uni-disciplinary teams, client referrals from professionals were made from outside the team, arriving via a team manager who was able to act as gatekeeper or

‘caseload moderator’. Under this more formal system, professionals and NPAs acted at one remove from each other. For those in multi-disciplinary teams, caseload moderation was more likely to take place on an individual, informal basis:

[There is] not a system ... that’s, like, official. There’s bound to be some policy or other somewhere, but it’s basically just sort of common sense. They will say, ‘have you got time to spend ... ?,’ and then I would check my diary for that week ... (STR worker)

The more informal, direct methods of caseload moderation were often viewed positively by workers, but they did rely on good personal relations between NPAs and professionals:

We always have a bit of a chat about it and if it sounded like something that we weren’t confident about, we would ... just say it then and there, really, before I met with the person ... (GMHW)

5 DISCUSSION AND CONCLUSIONS

We have explored the realities of NPA co-production by examining the introduction of a number of roles within the context of community mental health services. The findings presented here have built upon the model introduced by Kessler et al. (2007) to increase our understanding of the co-production role which NPA workers may fulfil in the delivery of public services. As we saw earlier, this was the least evident of the four ‘assistant’ roles identified by Kessler et al. and, partly as a result of this, it was the least well-developed from a conceptual point of view. The first of our research questions thus concerned the experience of workers fulfilling an NPA function and, in particular, the degree to which their experiences

matched the policy intent embodied in the co-producer role: that the NPAs would perform work not previously undertaken; that it would be carried out to some degree independently, with the NPAs working in parallel (rather than in direct contact) with professional and other colleagues; and that it would be the service user, rather than a lead professional, that provided the main point of focus. As we have seen, this was how the NPA workers experienced their role in the mental health service context, and the relationship with professional workers can thus be seen to be very different to the one experienced when NPAs act as ‘relief’ or ‘substitute’ (Kessler et al., 2007).

This, however, is only part of the picture. The independence of the NPA workers was experienced within the confines of the team structure. From a conceptual point of view, the *interdependence* this engendered can be regarded as being ‘pooled’ in nature. The teams of which the NPA workers were part were largely defined in terms of the service users they were providing for, and it was in their contributions to meeting the needs of service users, rather than through more complex and direct interactions with colleagues, that the work of the various team members—NPA and professional alike--was brought together. This tends to confirm the doubts expressed earlier in the paper about Kessler et al.’s (2007) association of a system of ‘pooled’ responsibility with an assistant/NPA role of substitute or apprentice.

At the same time, we have seen that there are forces at work that might make this ‘parallel’ way of working difficult to maintain in practice. From the point of view of the NPA workers, this could be seen to take two main forms: one positive and one negative. On the positive side, there was the assistance and support they could find from fellow team members. What we have portrayed as independence could easily cross over into isolation, and NPA workers might then turn to the indirect and retrospective support provided by their colleagues. More negatively, the NPA workers could find themselves in a position in which their work was being shaped by the professional members of their teams. As we have seen,

this would take place not directly through a formal transfer of tasks or responsibility, but indirectly through what was seen as the manipulation of service-user referrals. There are similarities here with what other studies have shown of the ‘misuse’ of NPA workers that can occur when they are informally utilised to undertake professionally ‘owned’, core tasks rather than being sticking to their official remit (Spilsbury and Meyer, 2004; Kessler et al., 2006). More broadly, we can see this—together with the more positive links between the new NPAs and fellow team members—as ways in which the broad policy intent of the development of co-producer role might in practice be somewhat diluted.

The paper’s second research question allows us to look at some of the contextual factors that might serve to shape this balance between the principle of parallel co-production and the more connected forms of working that were observed in practice. In part, this was put down to the characteristics of individual NPA workers and their colleagues. As we have seen, for example, some of the new NPA workers saw themselves as more willing than others to take on tasks and responsibilities beyond their formal job role. But there were also more structural forces at work. The shift of mental health services to a community setting had the effect of reducing the day-to-day contact that the new workers might enjoy with colleagues; while, in terms of the team structure, the operation of uni-disciplinary teams had the indirect effect of reducing the opportunities for professionals to operate in a way that could be seen as representing the misuse of NPA workers.

We turn finally to our third research question, what the analysis presented here might contribute to an analysis of front-line service work (FLSW). We follow Clark and Thompson (2015) in trying to put the public service NPA worker in the context of the framework developed by Belanger and Edwards (2013). As we saw earlier, Clark and Thompson suggest that although changes around NHS ‘modernisation’ could be interpreted as national-level attempts to increase the degree of rationalisation--this being for Belanger and Edwards a

‘tendency in capitalism’ (2013: 441)—any moves in this direction tended to be overridden by more local extensions of nurses’ control over HCAs.

It can be seen straight away that the mental health service co-producers provide a good illustration of why Belanger and Edwards might be critical of the over-emphasis placed on workers’ relations with customers or clients. The NPA roles are often defined precisely in terms of these relations, and, in comparison to other FLSW roles, the NPAs might indeed be regarded as a critical case. Not only are service users their primary focus, but a large proportion of the NPAs’ time is spent with them, and the contact largely takes place away from the NPAs’ nominal workplace. The closest parallels might this must be drawn with personal care work, which Belanger and Edwards (2013) saw as combining a high degree of engagement in the generation of use value with, at least initially, a low degree of rationalisation in the production of exchange value.

As with Clark and Thompson’s case, however, although our own case is apparently a good example of a particular type of the kind of work with which Belanger and Edwards are concerned, it is difficult to see it as one taking place in the context of a universal trend in the direction of rationalisation. More generally, and more tentatively, we might ask why Belanger and Edwards rely so heavily on the degree of rationalisation as the means of classifying production system and workplace regimes for FLSW. In the case of the NPA workers considered in the present paper, we could describe the way in which they were managed as being a rather messy combination of vague expectation from policy intent, informal advice from colleagues, and indirect pressure from professional workers. Certainly, as indicated above, we can classify this as a low level of rationalisation, but, taken together with the work of Clark and Thompson, it does also raise the question of how, in order to understand the nature and implications of FLSW, regimes of production might best be

conceptualised and classified. This is one of the questions to which future research in this area might direct its efforts.

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TABLE 1 Assistant Role Definitions (based on Kessler et al., 2007)

NPA role	Key features	Where observed
Relief	<ul style="list-style-type: none"> - Performs non-core tasks previously undertaken by the professional - Similar to skill mix as promoted in health care policy, to ensure tasks are carried out by the most appropriate worker - Implies that professionals are happy to give these tasks away 	Education
Substitute	<ul style="list-style-type: none"> - Undertakes core, professionally ‘owned’ tasks - Driven by financial considerations and professional staff shortages - An ‘opportunistic response to the economic reality of skill mix’ 	Social work
Co-Producer	<ul style="list-style-type: none"> - Contributes alongside the professional in a distinctive, complementary way - Provides a service that would otherwise not be carried out - Policy-directed, with emphasis on provision to the service user 	Education
Apprentice	<ul style="list-style-type: none"> - Forms the start of a pathway into professional training and subsequent registration - Described as a ‘grow your own’ strategy - Government often markets NPA roles in this way, for example by highlighting career pathways and skills development opportunities 	Social work

TABLE 2 The NPA Roles

<p>Support, Time and Recovery (STR) Workers ‘...someone who works as part of a team that provides mental health services and focuses directly on the needs of service users, working across boundaries of care, organisation and role. They will provide support, give time to the service user and thus promote their recovery.’ (DoH, 2003a: 16)</p>
<p>Carer Support Workers (CSWs) ‘...health or social care professionals who provide specialised support to carers of people with mental health problems.’ (DoH, 2002: 7)</p>
<p>Community Development Workers for Black and Minority Ethnic (BME) Communities (CDWs) ‘...work with and support communities including the black and minority ethnic (BME) voluntary sector, help build capacity within them, and ensure the views of the minority communities are taken into account by the statutory sector during planning and delivery of services.’ (DoH, 2006: 1)</p>
<p>Primary Care Graduate Mental Health Workers (GMHWs) ‘...support the delivery of brief, evidence-based effective interventions and self-help for people with common mental disorders of all ages.’ (DoH, 2003b: 12)</p>
<p>Improving Access to Psychological Therapies (IAPT) Workers Psychological Wellbeing Practitioners (PWPs) are ‘...trained in cognitive behavioural approaches for people with mild to moderate anxiety and depression.’ (DoH, 2011) High Intensity Workers are ‘...trained in cognitive behavioural therapy for people with moderate and severe depression and anxiety disorders.’ (DoH, 2011)</p>

TABLE 3 Final Sample Distribution by Role and Study Site

	Site 1	Site 2	Site 3	Total
Support, Time and Recovery (STR) Workers	3	0	5	8
Carer Support Workers (CSWs)	2	-	2	4
Graduate Mental Health Workers (GMHWs)	3	3	0	6
Community Development Workers (CDWs)	1	2	2	5
Psychological Wellbeing Practitioners (PWP)	-	1	4	5
High Intensity Workers	-	0	2	2
Traditional Support Workers	2	0	0	2
Managers	2	1	2	5
Total	11 workers 2 managers	6 workers 1 manager	15 workers 2 managers	32 workers 5 managers